## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

(0723337

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			37					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE		OR	BASIC FEE	770.00	
-		ARIE CLAIMS	3 /		* 17			V0.0		100	V040		
TOTAL CHARGEABLE CLAIMS			-	-				X\$ 9=		OR	X\$18=	306	
<b> </b> —	DEPENDENT C	<del></del>	i	nus 3 =	* 6			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	1076	
CLAIMS AS AMENDED - PART II											OTHER		
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	T	(Column :		(Column 3)		SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
	· ·								<u> </u>	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OB	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎├			OR	-		
						•	L	+145=		OR	+290=		
·					•		Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>√ME</b>	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=					
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r foun	nd in the app	ropriate box	in col	umn 1.		